



Jefferson X-Ray Group, P.C.

111 Founders Plaza, Suite 400, East Hartford, CT 06108-3240 • Phone 860-528-2080 • Fax 860-291-6590
 65 Seymour Street, Suite 200, Hartford, CT 06106-5501 • Phone 860-246-6565 • Fax 860-560-2549

J. JOHN STRAUB, M.D.
 RICHARD L. GOLDMAN, M.D.
 ALAN R. BUTLER, M.D.
 JOHN P. OPALACZ, M.D.
 HUGH S. VINE, M.D.
 STUART K. MARKOWITZ, M.D.
 FREDERICK U. CONARD, III, M.D.
 MARC F. GLICKSTEIN, M.D.
 STEVEN K. SUSSMAN, M.D.

MARGARET KEGEL SZEREJKO, M.D.
 EDWARD B. CRONIN, M.D.
 MARTHA MARCH GREENWOOD, M.D.
 STEPHEN K. ONKI, M.D.
 L. CHRISTOPHER FOLEY, M.D.
 FERNANDO F. ILLESCAS, M.D.
 WERNER KOSSHIRT, M.D.
 R. TIMOTHY BROWN, M.D.
 RONALD J. ROSENBERG, M.D.

WILLIAM J. GLUCKSMAN, M.D.
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 NICHOLAS R. SALERNO, M.D.
 BRUCE P. AROSE, M.D.
 STEVEN R. URBANSKI, M.D.
 ALLEN A. CURRIER, JR., M.D.

DOUGLAS J. MOOTE, M.C.
 REUBEN ROCK, D.D.S., M.D.
 MICHAEL T. O'LOUGHLIN, M.D.
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 DOMENIC A. ZAMBUTO, M.D.
 DOUGLAS D. MONTGOMERY, M.D.
 MARK A. SKIRGAUDAS, M.D.
 ETHAN B. FOXMAN, M.D.
 PATRICK S. DEEGAN, PA-C
 ALAN S. ARMSTRONG, PA-C

March 25, 2005

Honorable Cristine Vogel
 Commissioner
 Office of Health Care Access
 410 Capitol Avenue, MS #13HCA
 P.O. Box 340308
 Hartford, CT 06134-0308

Re: Letter of Intent: Replacement of CT Scanner

Dear Commissioner Vogel:

The Jefferson X-Ray Group is pleased to submit the attached Letter of Intent for the replacement of a single slice CT scanner in its Wethersfield office. The current equipment is at the end of its useful life and does not offer state-of-the-art functionality. The replacement multi-slice scanner will offer major enhancements to image quality and efficiency.

Please forward, to my attention, the Certificate of Need (CON) application questions. I look forward to working with you and the Office of Health Care Access staff throughout the completion of the CON for this important project.

Thank you for your consideration.

Sincerely,

Jean Conover

Jean Conover
 Chief Financial Officer

Attachment

Jefferson X-Ray Group, P.C.
 100 Simsbury Road, Suite 101
 Avon, CT 06001-3763
 860-378-8527/Fax 860-678-8543

Jefferson X-Ray Group, P.C.
 941 Farmington Avenue
 West Hartford, CT 06107-2203
 860-231-1900/Fax 860-236-8153

Jefferson X-Ray Group, P.C.
 137 Hazard Avenue, Suite 1
 Enfield, CT 06062-4621
 860-749-3797/Fax 860-749-3797

Jefferson X-Ray Group, P.C.
 704 Hebron Avenue, Suite 100
 Glastonbury, CT 06033-2412
 860-659-9599/Fax 860-635-9666

Jefferson X-Ray Group, P.C.
 1280 Silas Deane Highway, Suite 104
 Wethersfield, CT 06109-2203
 860-583-7844/Fax 860-562-7871

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 2005 MAR 30 PM 2:35
 COMMUNICATIONS OFFICE OF
 HEALTH CARE ACCESS

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2005 MAR 30 PM 2:36

CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

State of Connecticut Office of Health Care Access Letter of Intent/Waiver Form Form 2030

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Jefferson X-Ray Group P.C.	
Doing Business As		
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	1260 Silas Deane Highway Suite 104 Wethersfield, CT 06109	
Applicant type (e.g., profit/non-profit)	For-profit professional corporation	
Contact person, including title or position	Jean Conover Chief Financial Officer	
Contact person's street mailing address	111 Founders Plaza Suite 400 East Hartford, CT 06108	

Contact person's phone #, fax # and
e-mail address

(860) 291-6511 (PH)
(860) 291-6594 (Fax)
Jconover@JXray.com

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

Replacement of single slice CT scanner with 16-slice CT scanner

b. Type of Proposal, please check all that apply:

☐ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:

- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |

☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:

☐ Project expenditure/cost greater than \$ 1,000,000

☒ Equipment Acquisition greater than \$ 400,000

- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input checked="" type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |

☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

1260 Silas Deane Highway Suite 104 Wethersfield, CT 06109

d. List all the municipalities this project is intended to serve:

- **The Wethersfield office principally serves CT patients who live in the following towns: West Hartford, Hartford, Glastonbury, Wethersfield, East Hartford, Newington, Rocky Hill and Manchester.**

- e. Estimated starting date for the project: July 2005
- f. Type of project: 20 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
N/A				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

- a. Estimated Total Capital Expenditure: \$1,306,707
- b. Please provide the following breakdown as appropriate:

Construction/Renovations	\$253,215
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	
Sales Tax	
Delivery & Installation	
Total Capital Expenditure	\$253,215
Fair Market Value of Leased Equipment	\$1,053,492
Total Capital Cost	\$1,306,707

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
General Electric	16 Slice CT Scanner	LightSpeed Pro 100	1	\$1,053,492

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

A copy of the vendor quote is provided in Attachment I.

c. Type of financing or funding source (more than one can be checked):

- | | | |
|---|---|--|
| <input type="checkbox"/> Applicant's Equity | <input checked="" type="checkbox"/> Lease Financing | <input type="checkbox"/> Conventional Loan |
| <input type="checkbox"/> Charitable Contributions | <input type="checkbox"/> CHEFA Financing | <input type="checkbox"/> Grant Funding |
| <input type="checkbox"/> Funded Depreciation | <input type="checkbox"/> Other (specify): _____ | |

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?
3. Who is the current population served and who is the target population to be served?
4. Identify any unmet need and how this project will fulfill that need.
5. Are there any similar existing service providers in the proposed geographic area?
6. What is the effect of this project on the health care delivery system in the State of Connecticut?
7. Who will be responsible for providing the service?
8. Who are the payers of this service?

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
 - ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
 - ☐ The cost of the equipment is not to exceed \$2,000,000.
 - ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

AFFIDAVIT

Applicant: _____

Project Title: _____

I, _____,
(Name) (Position – CEO or CFO)

of _____ being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that _____ complies with the appropriate and
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.

Signature

Date

Subscribed and sworn to before me on _____

Notary Public/Commissioner of Superior Court

My commission expires: _____

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Amuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

PROJECT DESCRIPTION

Jefferson X-Ray Group (JXR) is a partnership of more than 30 radiologists, offering sub-specialized diagnostic and interventional imaging services. All the physicians in JXR are licensed in the State of Connecticut and Board Certified. They are committed to delivering high quality radiology services. Jefferson X-Ray Group, established in 1963, is the largest radiology private practice group in Connecticut. The Group provides radiology services to Hartford Hospital, a premier tertiary care center in Hartford Connecticut, as well as Johnson Memorial Hospital in Stafford Springs, Connecticut, and Connecticut Children's Medical Center. Additionally, JXR has six private offices located in Avon, Glastonbury, Hartford, West Hartford, Enfield, and Wethersfield. JXR provides MRI, CT, ultrasound, mammography, nuclear medicine, and diagnostic imaging services. JXR prides itself on offering state of the art equipment, friendly and compassionate staff and a team of physicians dedicated to providing the highest quality of care.

The Wethersfield office currently offers CT, ultrasound, digital mammography, fluoroscopy, bone densitometry (DEXA), diagnostic x-ray and vascular ultrasound. CT (computed tomography), sometimes called CAT scan, uses special x-ray equipment to obtain image data from different angles around the body, and then uses computer processing of the information to show a cross-section of body tissues and organs. CT imaging is particularly useful because it can show several types of tissue—lung, bone, soft tissue and blood vessels—with great clarity. Using specialized equipment and expertise to create and interpret CT scans of the body, radiologists can more easily diagnose problems such as cancers, cardiovascular disease, infectious disease, trauma and musculoskeletal disorders.

The CT scanner in the Wethersfield office is a single slice CT scanner that was purchased in installed in 1999. The cost of this scanner was below \$400,000 and therefore did not require CON approval. The equipment was financed through an operating lease which expired in October of 2004. The equipment is at the end of its useful life, does not offer state-of-the-art features and functionality and needs to be replaced. JXR is requesting approval from the Office of Health Care Access (OHCA) to obtain a 16-slice CT scanner which will be financed through a capital lease. The proposed scanner is a GE LightSpeed Pro 16-slice CT scanner. Multi-slice CT scanners have become the standard of care in the industry. The proposed equipment will provide better image quality, faster scanning time, thinner sliced scans and permit JXR to offer CT angiography.

JXR has been providing CT services since 1982 and since 1999 in the Wethersfield office. CT volumes in the Wethersfield office have grown from just under 3,000 in 2001 to more than 4,200 in 2004. This represents more than a 40% increase in the past three years. The target population to be served includes primarily residents of West Hartford, Hartford, Glastonbury, Wethersfield, East Hartford, Newington, Rocky Hill and Manchester who require CT scanning services.

Other providers of CT services in the proposed service area are included in *Attachment II*. This proposal is not expected to have any impact on other providers as the replacement equipment is intended to serve JXR's established CT patient/referral base.

JXR will provide professional and technical CT services from its Wethersfield office. Payers of the service include all major third party payors and patients. JXR is a participating provider

with most major insurance plans in Connecticut as well as Medicaid and Medicare. The proposed equipment will provide improved CT images, faster throughput, and new imaging capabilities and will have a positive impact on the quality of health care services provided in the proposed service area.

ATTACHMENT I
VENDOR QUOTE

011

"GE Company Proprietary and Confidential"**PRELIMINARY PROPOSAL**

To: JEFFERSON X-RAY GROUP
85 SEYMOUR ST #200
Hartford, CT 06106

GE Medical Systems

From: Rachel Dru Del Mauro
1400 Computer Drive
Westborough, MA 01581-5088
(508) 870-5200

KYSC29.WET02 Monday, March 21, 2005

<u>Qty</u>	<u>Catalog#</u>	<u>Description</u>	<u>Price</u>
------------	-----------------	--------------------	--------------

Goldseal LightSpeed Pro 16 (100)**Base System**

- | | | | |
|---|---------|--|--|
| 1 | L7816GB | The LightSpeed Pro 16 with Direct 3D and Smart Prep is built on the legacy of the LightSpeed 16 CT Scanner. The LightSpeed Pro 16 has all the features that made the LightSpeed 16 the industry leader to include: | |
|---|---------|--|--|

- 16 Slice rotation/up to 40 slices per second
- One Breath hold for any scan
- 16 Channel DAS
- Variable Speed Scanning
- In-room Start
- Flat Screen Monitors
- SmartPrep
- Helical Tilt
- Remote Gantry Tilt
- Breathing Lights
- Controls on Front and Back of Gantry
- Performix 8MHU X-ray Tube
- Vang1040- Vang1033 800Vang1040 mA Capability/Vang1033
- Three Dimensional Dose Modulation
- Sub-millimeter Scanning Voxel Technology
- Xstream Console (6 fps recon)
- Multi-destination DICOM Print

- | | | | |
|---|---------|------------------|--|
| 1 | B7800KE | English Keyboard | |
|---|---------|------------------|--|

- | | | | |
|---|---------|-----------------------|--|
| 1 | B7858LB | FLAT PANEL LCD FOR IB | |
|---|---------|-----------------------|--|

Networking

- | | | | |
|---|---------|---|--|
| 1 | B7500PL | ConnectPro HIS/RIS Interface Option for LightSpeed with Linux | |
|---|---------|---|--|

012

ConnectPro Offers New Levels of Productivity to LightSpeed Users by Providing a Connection Between the Facilities Hospital (HIS) or Radiology (RIS) Information System. ConnectPro Simplifies and Eliminates Errors in Patient Data Entry.

Applications Training

- 2 W0007HC 4 day CT course held in Milwaukee. Includes travel and modest living expenses.
- 2 W0008HC 3 day CT course held in Milwaukee. Includes travel and modest living expenses.
- 4 W0100CT
 - o One 4 day onsite visit to coincide with system start-up
 - o One 2 day onsite follow-up visit 6-8 weeks post system start-up

Recommended Training Package

During the first visit, the applications specialist will work with the medical and technical staff on basic, intermediate and advanced system operation and patient procedures. The training produces the best results when a dedicated core group of 3-5 CT technologists complete the session with a modified patient schedule. It is suggested that key physicians are available to participate in the direct protocol development and image quality review sessions. By the end of this visit, the core group should be able to perform the routine patient procedures required of the site.

The 2 day revisit is suggested after the staff has run the system for 6-8 weeks, however this is flexible based on the site needs. The training will focus on the intermediate and advanced functions of the system or special needs of the clinical site. The training produces the best results when the same dedicated core group of 3-5 CT technologists from the initial visit complete the session with a modified patient schedule.

12 CE credits are available for four technologists who successfully complete the first onsite curriculum.

6 CE credits are available for four technologists who successfully complete the revisit onsite curriculum.

TOTAL NET EQUIPMENT SELLING PRICE

\$819,350.00

013

Upgrade to Existing AW 4.0 to 4.2 Workstation

- | | | | |
|---|----------|---|-------------|
| 1 | M80501FT | Two flat panel monitors, Advanced X-ray Analysis, Data Export, CD-RW, DICOM Print, 2GB RAM.
Does NOT support DASM or Pioneer MOD. Existing system hostid required. | \$50,000.00 |
|---|----------|---|-------------|

Please note First Quarter promotion: AW 4.2 Upgrade must ship to site by March 31. Price is \$35,000.

Advanced Applications

- | | | | |
|---|----------|---|-------------|
| 1 | M80501AB | Automatically segment bone from CTA abdominal and extremity acquisition. Transparency control allows operator to dial in bony landmarks for Vascular surgeon. | \$15,000.00 |
| 1 | M80501DN | DENTASCAN FOR AW 4.1 AND AW 4.2 | \$13,260.00 |

Cardiac Options

- | | | | |
|--|----------|------------------------------|-------------|
| 1 | S7800YW | LS PICK 3 PKG-ADV.APPS | \$73,362.00 |
| Software Promotion: Includes the next (3) Catalog numbers. | | | |
| 1 | S7800YS | SPECIAL-H PWR SMRTSCRCOMP | |
| 1 | S7800YP | SPECIAL-H PWR SNPSHTCOMPL | |
| 1 | S7800ZT | SPECIAL-CARDIQ FUNC/AW4.2 | |
| 1 | B79991SE | AW CARDIQ PRO SW PACKAGE | \$48,750.00 |
| 1 | B79991EP | CardEP for AW 4.1 and Higher | \$33,750.00 |

Training Options

- | | | | |
|---|---------|--|-----------------------|
| 1 | W5007HC | 4 day CT course held in Milwaukee. Includes travel and modest living expenses. | \$3,450.00 |
| 1 | B7600MD | Masters Series Multislice | \$3,500.00 |

PRICING PROPOSAL

General Electric Company is pleased to submit this Pricing Proposal for budgetary purposes only. This Pricing Proposal will be valid until May 08, 2005, unless otherwise indicated herein. If you would like to place an order for the equipment listed herein, your GE Sales Representative will arrange for the preparation and submission to you of a formal GE Quotation, including applicable GE Terms and Conditions, Warranties, and Payment Terms, for your consideration. Only a formal GE Quotation may be used to create a binding order for this equipment. Upon request, your GE Sales Representative can also provide you with information concerning GE training, lease/finance and service agreement options.

ATTACHMENT II

**OTHER CT PROVIDERS:
PROPOSED SERVICE AREA**

CT Providers in the Proposed Service Area

Service area towns included: Hartford, East Hartford, West Hartford, Glastonbury, Wethersfield, Rocky Hill, Newington, Manchester and West Hartford

Towns reviewed are: Hartford, East Hartford, West Hartford, Glastonbury, Wethersfield, Rocky Hill, Newington, Manchester and West Hartford

Hartford:	CT Scan	Multislice
Connecticut Valley Radiology, PC	yes	no
St. Francis Medical Center	yes	yes
Hartford Hospital	yes	yes
East Hartford		
UConn- East Hartford	no	no
Glastonbury		
Open MRI/Mandell & Blau	no	no
Radiology Associates of Hartford	no	no
ECHN- Glastonbury Wellness Center	no	no
Rocky Hill		
Medical Imaging Center	yes	yes
Wethersfield		
Medical Imaging Center	no	no
Newington		
Newington Diagnostic Center	no	no
Manchester		
Eastern CT Imaging	no	no
Manchester Memorial Hospital (ECHN)	yes	yes
West Hartford		
Imaging Center of West Hartford	yes	yes